

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/622464

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	2					
6	1					
7	1					
8	1					
9	1					
10	2					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	23	←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████